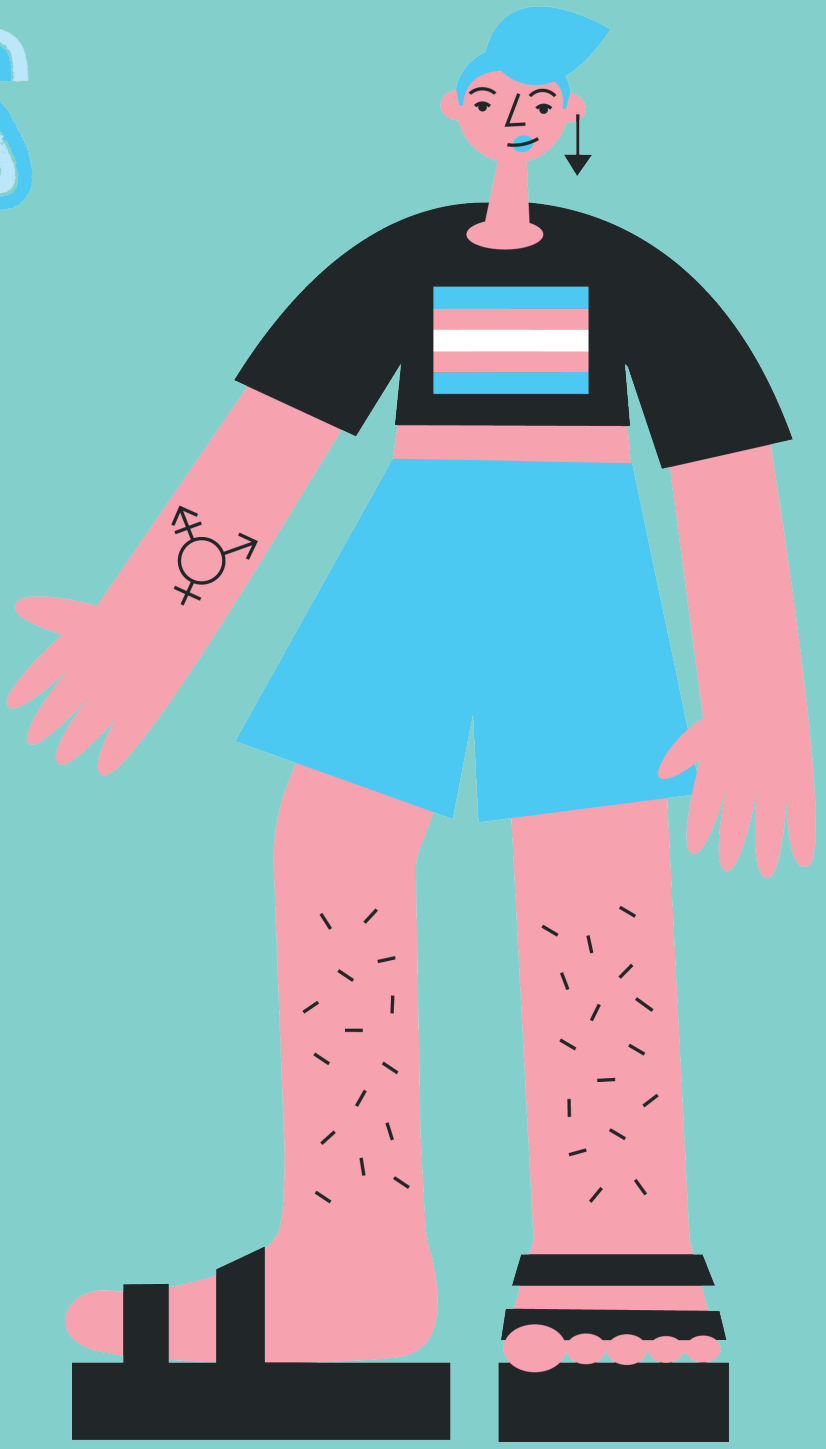
Supporting Trans Mental Health



On Friday 3rd February 2023, The Diversity Trust hosted a special panel event for Somerset Mental Health Services. Five Lived Experience Contributors from the Trust's Trans Awareness delivery team joined Berkeley Wilde (Chair) for a 2-hour webinar to talk about the experiences of trans and non-binary people in mental health services, and explore how service providers can better support their mental health needs.

A total of fifty-six people attended the session from a range of NHS areas, including commissioning, community mental health teams, suicide prevention, talking therapies, mental health and learning disabilities, autism spectrum services, and recovery teams. Members of Somerset Council, the VCSE sector and the Environment Agency also attended.

This document was created from the brilliant questions which came from participants and have been answered by trans and non-binary people with lived experience of mental health services.

"What does a good GP experience look like?"

A good GP experience, as a trans person, has a number of common aspects. Amongst the most important of these is allowing space for a patient to know themselves and what they need, and working to achieve the optimum outcome for them. Here's an example of an experience a trans person had with their GP:

"When I first told my GP I wanted to be referred to gender services, she was absolutely transparent and let me know she had never knowingly had a trans patient in her years of practice - she asked if we could rebook another appointment in two weeks, to give her time to update her knowledge and find out how to make the referrals. When I came back, she went through the referral with me, and skipped parts she felt were too invasive. For example, she had been advised to perform a genital examination, and quite rightly felt this was unnecessary and invasive. To this day it stands out as one of the best experiences of primary care I have ever had.

My GP's approach was patient-led, acknowledged the limitations of the system whilst doing what she could to help me navigate them, and was focussed on getting me the referral I needed. There was no evidence of scepticism or disapproval."

The gold-standard in GP care for trans people is the provision of bridging prescriptions. This is a harm reduction approach to trans healthcare; GPs are able to prescribe appropriate HRT with guidance from specialist services in order to minimise the risks of self-harm or suicide, or where a patient is already accessing hormones from unregulated or unsafe sources.

"My GP's approach was patient-led, acknowledged the limitations of the system whilst doing what she could to help me navigate them...."

The wait for a first appointment with a Gender Dysphoria Clinic (GDC) can be up to 5-years or more, during which time a trans person's dysphoria can go untreated. This can lead to extreme distress in people and result in long-term, negative health outcomes. The British Medical Association (BMA) offers comprehensive guidance on supporting trans and gender diverse patients.

Outside of the GP's office, receptionists should also have an awareness of trans and non-binary people. There ae frequent incidents where trans and non-binary patients are challenged or mistreated because they look different to what the receptionist expects, either on the basis of their name or gender marker in the admin system, or on the basis of the service they are asking for. For example, trans men require gynecological care, including cervical smears.

"Are there statistics for neurodivergent people who also identify as transgender or non-binary?"

A recent study by the University of Cambridge's Autism Research Centre found that trans and gender-diverse adults were between three and six times more likely to indicate that they were diagnosed as autistic, compared to cisgender adults.

The National Autistic Society states that whilst there is some evidence to show a link between gender dysphoria and autism, and that autistic people may be more likely than other people to have gender dysphoria, there is little evidence to explain this relationship. The connection is not causative, and further research is needed to better understand the relationship between autism and gender dysphoria.

"Do you find you trust, or feel respected, by a professional more if they include their pronouns on their email sign off?"

Yes! Seeing that someone has included their pronouns in their signature is generally a good indicator that they have at least some awareness of trans inclusion and are signalling that they want to make trans and non-binary people feel safe and welcome. That is not to say that the inverse is true! No one should be compelled to share their pronouns.

"How do we identify transphobia as opposed to inexperience or ignorance?"

The vast majority of us have grown up in a system that does not teach us about the existence of trans, non-binary, or intersex people, or teaches us that they are mentally ill or deviant; it's important to try and recognise when someone is simply unaware or misinformed versus when someone is actually transphobic or anti-trans.

There's no guaranteed way to make this distinction, so it's best to give people the benefit of the doubt in the first instance. Use the same cues you'd use to make sense of someone's intention in any situation tone, how they approach the topic in discussion, body language, and what words they use.

There are some key phrases which are propagated by anti-trans influencers, and serve as "dog whistles". A dog whistle phrase is one which can be heard and understood in one way by those in the in-group, whilst appearing innocuous to those outside. In anti-trans circles, a good example would be the phrases "TIMs" or "trans-identified males".

There's a huge amount of misinformation out there about trans and non-binary people, so always start from a place of good faith. If you need to, you can always question a person around the language they're using e.g. "I don't quite know what you mean by that, can you explain it please?"

"It's important to try and recognise when someone is simply unaware or misinformed versus when someone is actually transphobic or anti-trans."

"How do we address and support staff who are using the wrong pronouns?"

If a colleague uses the wrong pronouns for someone, the best way to approach it is simply to correct them. If it's a one on one interaction, this might look like:

Colleague:	Oh I saw Alex earlier, she said to email her about that meeting.
You:	Ok will do; by the way, Alex uses he/him pronouns.
Colleague:	Oh right sorry, my bad! He said to email him.

Alternatively, if it doesn't feel appropriate in the moment, you might follow-up later on or send them an email. They might feel embarrassed that they got it wrong, so reassure them that honest mistakes happen.

In situations where someone is repeatedly using the wrong pronouns or name for either colleagues or service users, in full awareness that this is not how those people wish to be addressed or talked about and it's causing distress, it's best to discuss the matter with a manager and HR.

"How do we challenge transphobia?"

The best place to start is by keeping informed on the experiences of trans people and the barriers/discrimination they face. This way, you will be equipped to recognise when transphobia is taking place and have the tools to challenge it. A good way to do this is to follow trans people on social media and read literature and articles by trans people, or better yet, get to know trans and non-binary people in your day-to-day life, be that at work or socially.

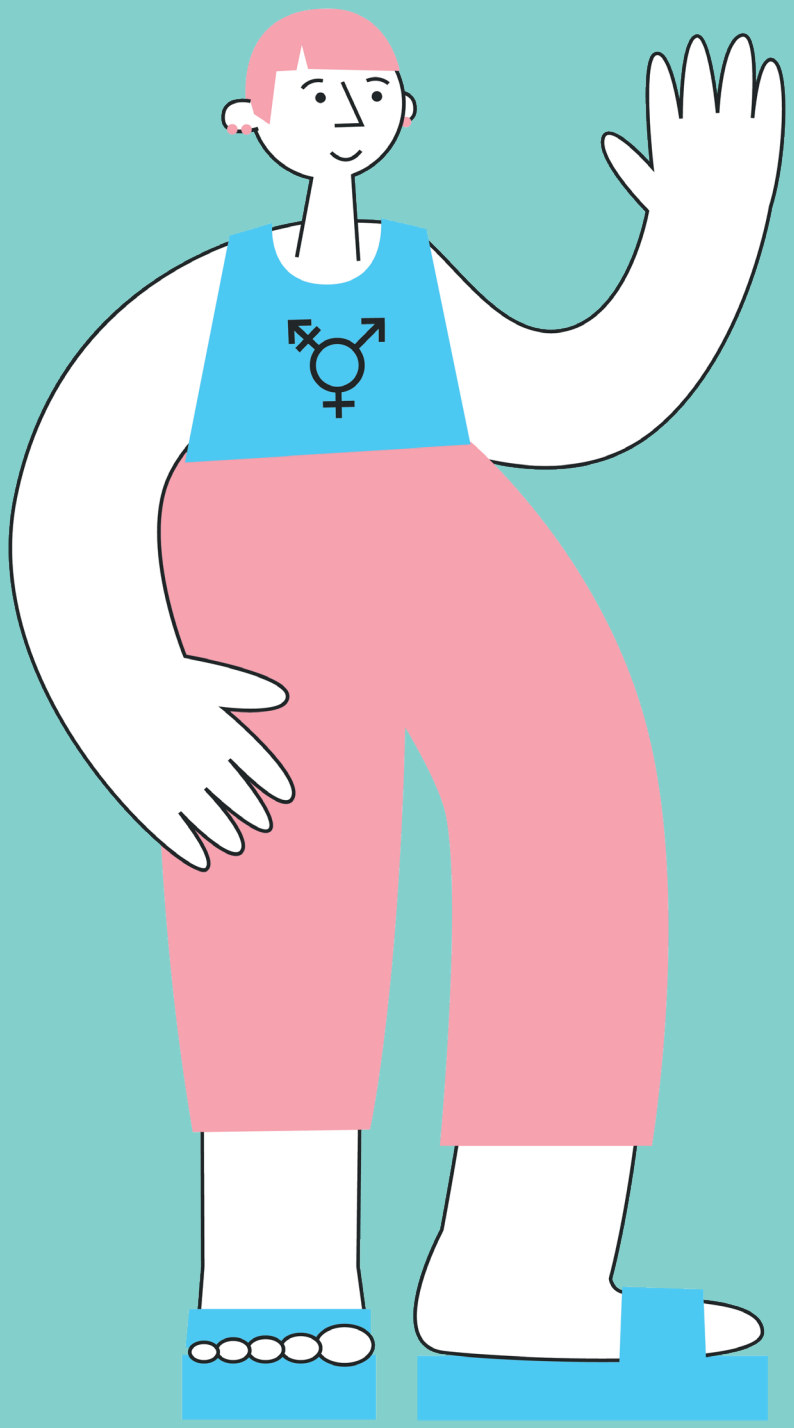
Very often, the press will run a story that, on close inspection, is exaggerated or just untrue. For example, services may recommend gender neutral or inclusive language when appropriate, or the inclusion of pronouns in signatures and bios, but the press will suggest that they are compulsory.

One of the key wasy to tackle transphobia is to speak up for trans people, whether there is a trans person there or not. Correct misconceptions and misinformation where you encounter it.

If you are present for an incident of transphobia, you can intervene in a few ways. You can simply disagree, for example, "that isn't true in my experience" or "I don't think that's true". If someone makes a transphobic joke, you can say "I don't get it, can you explain it to me?" Make your presence known as someone who is on their side, perhaps invite them to talk to you about something unrelated, ask them if they want your support, or offer them a way out of the space.

Speak to and listen to trans colleagues and service users. Make an effort to include them, both professionally and socially - it is a very scary time to be trans or non-binary in the UK, and feeling included by colleagues goes a long way to enabling us to bring our whole selves to work.

Be mindful of boundaries. It's common for cisgender (non-trans) people to be curious about trans people's transitions, but it's generally considered taboo to ask someone about their medical history and genitals, for example. If you wouldn't ask a cisgender person, don't ask a trans person.



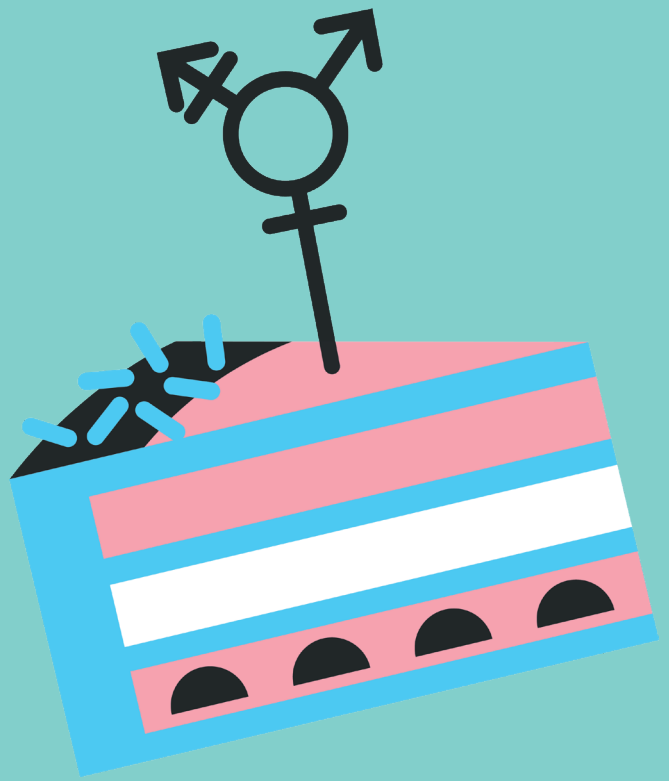
If you are present for an incident of transphobia, you can intervene in a few ways. You can simply disagree, for example, "that isn't true in my experience" or "I don't think that's true". If someone makes a transphobic joke, you can say "I don't get it, can you explain it to me?"

"How do the 2021 statistics about trans and non-binary people compare to the 2011 census?"

The 2021 Census was the first time in the then 220-year history of the census for England and Wales to record statistics relating to trans and non-binary people, and as such a direct comparison with past census data is, unfortunately, impossible. However, the introduction of recording gender identity will help create a new a rich understanding of our diverse society for decades to come.

The question was: "Is the gender you identify with the same as your sex registered at birth?", with 262,000 people answering "No". This represents 0.5% of total respondents. Within this quota:

- 118,000 (0.24%) answered "No" but did not provide a write-in response.
- 48,000 (0.10%) identified as trans men
- 48,000 (0.10%) identified as trans women
- 30,000 (0.06%) identified as non-binary
- 18,000 (0.04%) wrote in a different gender identity



It's important to note that 2.9 million people (6.0%) did not answer the question on gender identity. There may be many motivations for not doing this, and this number may well include trans and non-binary people who did not feel able to declare for any number of reasons.

"Could you clarify what non-binary means and is there a universal definition?"

The general go-to definition of non-binary is someone whose gender identity is not exclusively male or female, some or all of the time; the Oxford Dictionary defines it as "denoting, having, or relating to a gender identity that does not conform to traditional binary beliefs about gender, which indicate that all individuals are exclusively either male or female". It is used both as an identity label in itself, e.g. "I am non-binary", as well as an umbrella term to describe identities outside "woman" and "man", e.g. "non-binary genders".

Non-binary can include people who have a stable sense of themselves as being neither, both, or somewhere in between, as well as people whose gender identity changes over time (genderfluid).

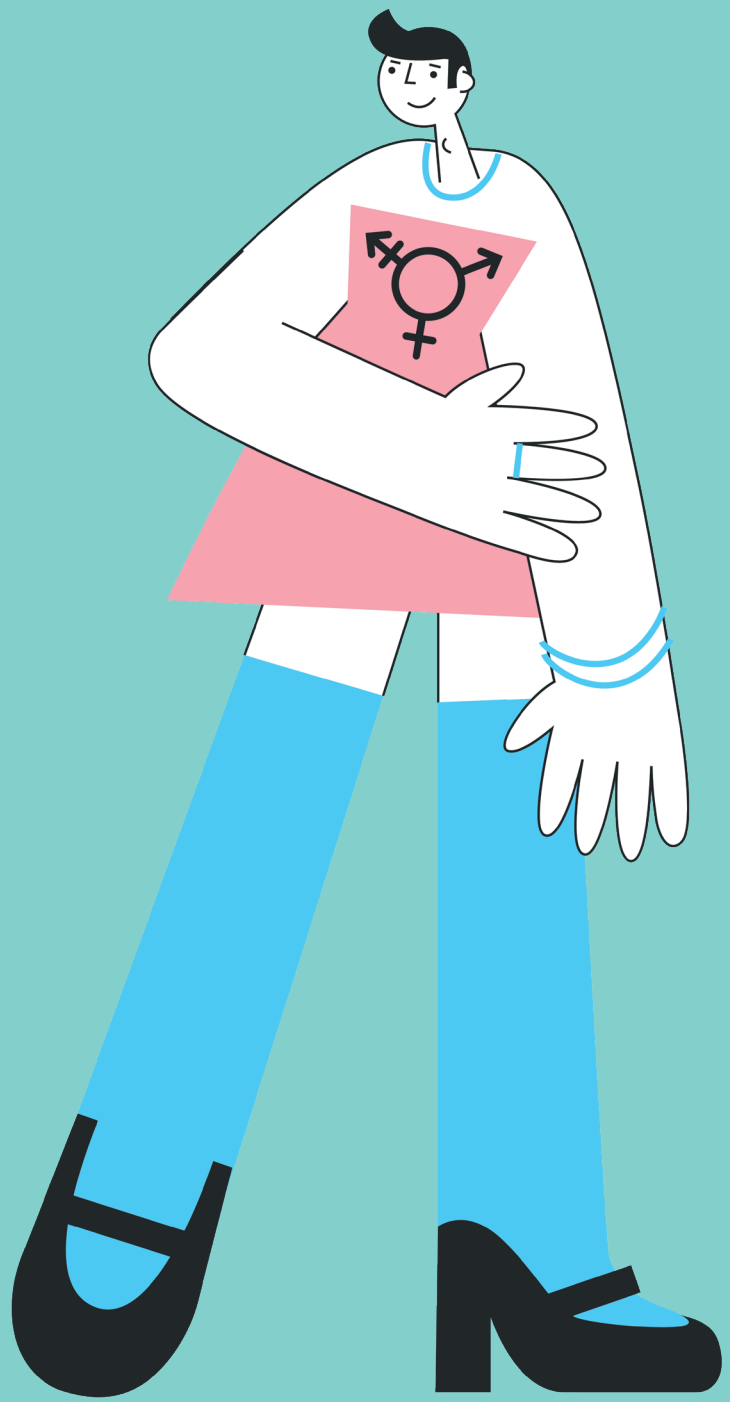
Many cultures across the world and throughout history have recognised, and continue to recognise, more than two genders. In India there are the Hijra; in Native American societies there were/are a number of different gender systems, with those outside the binary nowadays referred to with the umbrella term "Two-Spirit"; in Jewish Rabbinical literature six genders are identified; across South Pacific Island communities, there are the Fa'afafine (of Samoa) and the Fakaleitī (of Tonga) who are assigned male and then have a female identity and expression; in the Balkans there are Sworn Virgins, who are assigned female at birth then live and express as male.

There is a misconception emerging that non-binary people do not seek medical transition when many do. Transition may look different for different people, and this is true for all trans people, including non-binary people.

"How can I gently encourage people to share their concerns/worries? How can I create a welcoming space to minimise barriers to engagement?"

Create an environment which visibly demonstrates that you're trans inclusive. For example, including pronouns on staff badges and email signatures, or displaying progressive pride stickers which say "safe space". You can also create LGBTQ+ resource areas on notice boards and have flyers from local trans and non-binary support services and groups.

Beyond that, comprehensive and informed trans-inclusive policies, staff training, employee resource groups, and LGBT and trans-specific staff networks who can consult on policy and inclusion are all effective ways to create a culture where staff feel able to speak up and proactively create a better environment.



"What support exists for the family and loved ones of trans and non-binary people?"

Coming out as trans or non-binary to family and friends can be tough, and not just for the person coming out. Sometimes it can be hard for loved ones to understand and they can feel like everything has fallen apart for them.

The good news is, there are a number of groups and networks to offer a safe and supportive environment for the families of trans and non-binary people. They can work through their feelings and find support from people who have found themselves in the same situation and come to see their loved one in a new and cherished light. For partners and spouses, the following services offer confidential support:

- Distinction Support is an international support organisation which is aimed at helping people who want to, or who are, supporting their partner who is trans, non-binary, or genderfluid
- Beaumont Partners is a volunteer resource run by the wives and partners of trans people. It is run by women whose partners are trans, and is aimed particularly at supporting female partners of trans people through any emotions and challenges they are facing
- Depend similarly offer online support for partners, ex-partners, and adult children of transgender people
- For parents and carers, as well as trans people themselves, Gendered Intelligence run support groups and events nationwide

"create an environment which visibly demonstrates that you're trans inclusive."

"If NHS service waiting lists are supposed to be maximum 18 weeks, how can gender clinics routinely run waiting times in excess four to six years?

NHS England has a duty to see 92% of those referred to specialist healthcare services within 18 weeks, yet the average waiting time for young transgender people is nearly three years, and many adults face waits of four years or more.

In November 2022 a group of six claimants, supported by the Good Law Project, went to the High Court arguing that the wait times breached NHS statutory obligations. Unfortunately in January 2023 they lost the case. The Good Law Project wrote about the decision at the time.

Essentially, the judge decided that "NHS England is doing all it can reasonably be expected to do to reduce waiting times".

In positive news, the judge has granted the right to appeal, acknowledging it is very possible the Court of Appeal may disagree with his interpretation and conclusion.

"How do we respectfully refer to the childhood (or pre-transition) experiences of trans and non-binary people?"

It's important to have a clear conversation with a trans and non-binary person about how they're referred to in their notes. This will involve how their pre-transition history will be described and how they will be addressed in the present. For example, Jack has been referred into services for support around an early childhood trauma that has left them with debilitating depression and agoraphobia. Jack's medical records show that they began transitioning a year ago and have changed their name by statutory declaration. Their pronouns are he/they, but the notes from their GP still say she, and refer to Jack by their name given at birth.

It may not be possible to update Jack's previous notes and it'll be important to make him aware of this, especially since he may access his notes in the future. Having that conversation will lessen the impact of seeing a name and pronouns that Jack no longer uses.

When talking with Jack around his early childhood experiences, ask how he would like to refer to himself in the context of the memories and events you're exploring together. It may be that they can comfortably refer to their younger self as 'she', or they may state that they have always seen themselves as transgender and refer to themselves as he/they. If in doubt, refer to them as Jack and use they/them pronouns; you can clarify the proper form of address with Jack as their support develops.

When discussing Jack's care with staff, respect the language that Jack has chosen by using it throughout your conversations and notes. Support your colleagues in making the language transition, and encourage openness around making mistakes. It may take time for everyone to orientate themselves to Jack's name and pronouns. If colleagues are resistant and refusing to use the correct language, have open discussions around why this is and seek support within your team to help address the issue. The important thing is to ensure that Jack's name and pronouns are respected and used.

"Must a trans person be diagnosed with gender dysphoria in order to enter a care pathway for gender affirmation?"

NHS England states that "only those with a diagnosis of gender dysphoria are eligible for the various interventions on the NHS pathway of care." However, it's vital that we recognise that not every trans or non-binary person experiences gender dysphoria (GD) but transitioning is still an important part of their life and wellbeing. People also experience GD in different ways and intensities. Not every trans person has severe GD around their genitals, for example.

"On average, trans people are currently waiting between four and six years, from the point of referral, for their first appointment in an NHS gender dysphoria clinic."

"What do you make of the massive difference in percentages of people identifying as trans woman/man in the 2021 census?"

There is no significant difference in the data gathered in the 2021 Census. 0.10% of respondents who indicated their gender identity was different to their assignment at birth identified as trans women and 0.10% identified as trans men. 0.06% identified as non-binary, and 0.04% used another term altogether.

We have to take into consideration that not everyone will have responded to the question around gender identity and this will be for a variety of reasons. For some, it may not have been possible to declare because they have not come out yet. For others, it may not have been safe to be visible in the census e.g. people may be living with a violent partner or in a transphobic household. Some respondents may not have had the autonomy to declare, and their information may have been input by someone else e.g. people under the age of 18, people in care, people with learning disabilities.

In short, the data may not be representative of the community as a whole; improvements around accessibility and inclusive language, and future submissions to census data may improve upon reporting for the community.

"Is there evidence for the idea that trans people are less likely to present to health services?"

Stonewall's LGBT in Britain: Health Report was published 2017. It showed that nearly 37% of trans people and 33% of non-binary people had avoided accessing healthcare treatment for fear of discrimination.

This is unsurprising considering that 62% of trans people said that they'd experienced a lack of understanding of specific trans health needs by healthcare staff, and 32% had experienced unequal treatment. 48% of trans people had experienced inappropriate curiosity around their gender identity.

"How do trans people experience Gender Dysphoria clinics? What support is offered?"

The pathways in Gender Dysphoria Clinics (GDC) are unique to each trans service user. There are common experiences and elements of care that apply as part of the framework but how a trans person navigates those is based upon their needs and goals.

The first and immediate commonality is the waiting times. On average, trans people are currently waiting between four and six years, from the point of referral, for their first appointment in an NHS GDC. During this time, trans people may socially transition i.e. change their name; update their pronouns; adopt clothing, gestures, expressions, hair styles, and personal care that reflect their gender; and live openly in their gender identity.

Some trans people seek private interventions for hormone therapies due to the waiting lists. This can create a lot of challenges, including accessing their prescriptions, monitoring their health effectively, and getting adequate support from their GP.

The support offered through NHS GDCs for adults includes psychological support, cross-sex hormone therapy (HRT), and speech and language therapies. The pathway also includes support into surgical pathways for gender affirming reconstructive surgeries, including operations which masculinise the chest for transmasculine people, and genital reconstructive surgeries.

> "The outcomes for trans and non-binary people who access support and get the help they need are overwhelmingly positive."

Shared care with GPs is an important part of the GDC pathway but it is proving increasingly challenging for trans people to access HRT and trans-

health monitoring through their GP. Some doctors are reluctant to prescribe hormones, or don't have a full understanding of how to support a trans person's health. This leaves trans and non-binary people without the healthcare they need, and some have no choice but to buy their prescriptions elsewhere and self-administer. This lack of provision can cause serious distress for trans and non-binary people, and lead to health complications. It'd be like a diabetic person self-managing their insulin without a doctor.

Going through an NHS GDC is a lengthy process and it can be stressful at the best of times, but gender affirming care is a vital part of our healthcare system. The outcomes for trans and non-binary people who access support and get the help they need are overwhelmingly positive. The rates of detransition in the community are less than 1%, despite the spurious and unfounded claims made in the media.

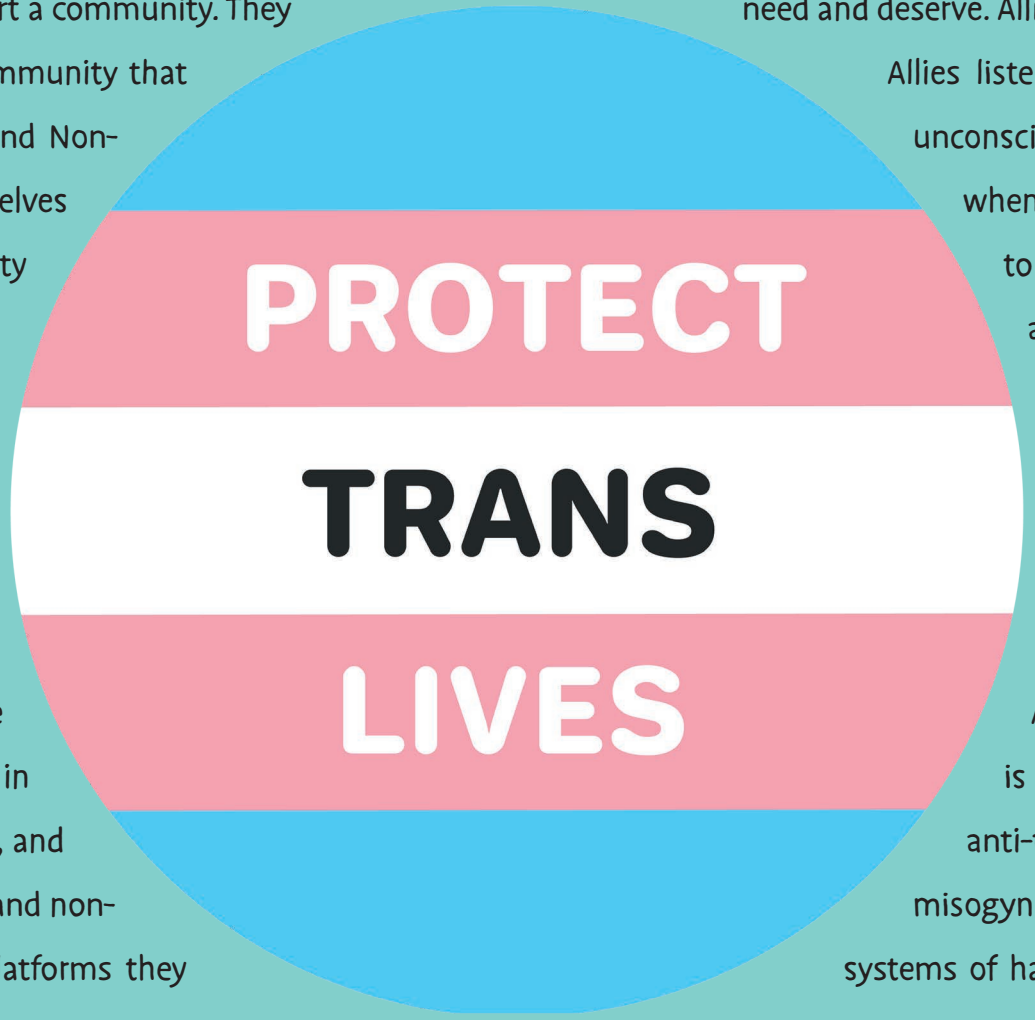
Compared to outcomes for other medical interventions, people's postive experiences of transitioning represent a high success rate, especially when compared to other surgeries. Take this analysis of hip replacement satisfaction rates from the NHS, for example. The data shows that patients described the results as excellent in 28.6% of procedures and very good in 36.0% of procedures.

The point here is not to compare gender transition pathways and hip replacement surgeries like for like, but to observe the readiness to call for an end to transgender healthcare, but not other medicine or therapeautic interventions, on the supposed basis of patient satisfaction and wellbeing post-intervention.

"What would you describe an ally as? What can we do to help as an ally in healthcare?"

An ally is a person who works to support a community. They will have a good knowledge of the community that they support, in this case the Trans and Non-binary community, and will keep themselves up to date on the issues the community faces. But this is just the beginning of an ally's role.

Allies champion inclusion and are actively inclusive. They speak out and stand up against discrimination, and stand in solidarity with trans and non-binary people. They help to create safe spaces, elevate trans people's voices in places where those voices are silenced, and know when to step back so that trans and non-binary people have the spaces and platforms they need and deserve. Allies help to uplift and support.



Allies listen and protect. They tackle their own unconscious bias, understand how to apologise when they get things wrong, and know how to celebrate the community without appropriating or stereotyping. When things get tough, as they so often do for trans and non-binary people, allies remain by their side. They fight for trans and non-binary rights, and against bigotry and transphobia. Allies understand that trans liberation is liberation for all, and that fighting anti-trans rhetoric is part of fighting the misogynistic, racist, ableist, sexist and elitist systems of hate, oppression, and colonialism which

harm all of us. Allies see and know trans and non-binary people for who they are: human beings who have the right to exist, free from hatred, discrimination, inequality, and fear.

> "Allies champion inclusion and are actively inclusive. They speak out and stand up against discrimination, and stand in solidarity with trans and non-binary people."

Being an ally in healthcare incorporates all of this. Specifically, you can petition for improved data monitoring so that people can use inclusive titles such as Mx., and to ensure that gender identities are being properly recognised in your administrative systems and not just as 'other' or 'prefer not to say'. Effective data monitoring will have an immediate and positive impact for your trans and non-binary service users because they will feel seen and respected. It'll have a positive impact for you because you'll be able to better identify needs and support them.

There's a lack of provision around mental health care specific to trans and non-binary people. As an ally, you could work within your teams to address this gap and include trans people, with lived experience, in those conversations. Use co-design and co-production with the community to create support.

Don't be afraid to name transphobia and expose it, whether this manifests as individual or institutional. It's a hard and unforgiving task and it's vital that you have the support you need to do this. Work with your colleagues to address the issue. Follow through on reporting transphobic incidents, listen to your service users when they come forward with a complaint about transphobia, and follow up with them during and after the complaint process. The work will pay off and create a better service for everyone.

Improve the visibility of trans and non-binary people in your work. Create welcoming and inclusive spaces that demonstrate that the community not only belongs there but is actively supported. This also includes a visible policy which demonstrates a zero-tolerance policy of discrimination, and anti-trans agendas and hatred.

"Don't be afraid to name transphobia and expose it, whether this manifests as individual or institutional."

"In a therapy context, how do we create a supportive environment without focussing, or appearing to focus, solely on a person's gender identity?"

Having a clear understanding of what your patient needs from their therapy is essential for both of you so it's best to have this discussion early on. It's okay to ask if they'd like to explore any feelings or struggles they might have around their gender identity but reassure them that they don't have to do this. It's an invitation, not a mandate. Keep in mind that unless you have specific training around gender identity and trans mental health, you might not have everything you need to support them. Again, be clear about your areas of expertise and any limitations you might have in your knowledge. This might feel uncomfortable for you, to acknowledge any gaps, but people appreciate honesty. If you have gaps, state (and act on!) the assurance that you'll do your research (training, community engagement, reading evidence-based sources etc.) and that they aren't responsible for your education. Trans

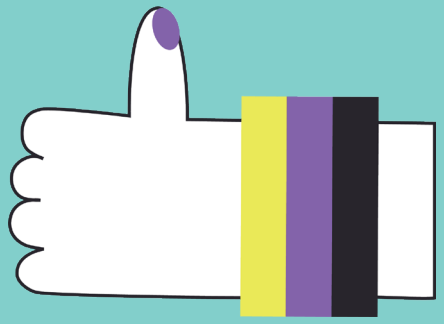
and non-binary people are often treated as receptacles of all trans knowledge so this assurance is a positive step towards a good therapeutic relationship. It takes the pressure and focus off of them to talk about their gender and be the expert in the room.

Establishing these approaches and boundaries will free up space in the therapy for you and your patient. Beyond this, it's important to recognise that a person's transness isn't always at the heart of their mental health experiences. Sometimes exploring their gender identity and transitioning can be the one aspect of their wellbeing that's actively positive for them.

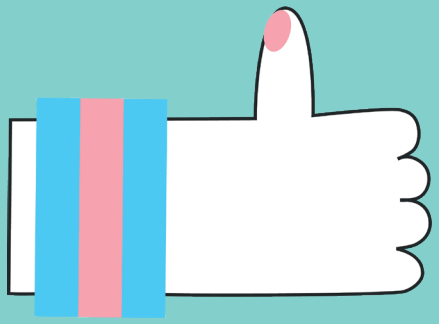
Not everything a trans or non-binary person discusses during therapy is going to be related to their gender identity. Take for example, the following case study:

Jeb is non-binary AMAB (assigned male at birth) person and has entered into therapy after a long period of depression and substance misuse. They're getting support for the latter and have been successful in not using drugs for four months. However, their depression is disabling and without the drugs to alleviate their difficult feelings, they're having to face their triggers more and more. During therapy, they discuss that they grew up in an abusive household where they were abused for their appearance and body on a daily basis by their caregivers. The abuse was verbal and physical.

Your initial thought might be that Jeb's gender is related to their experience of abuse. However, be careful of making this assumption; six weeks into the therapy, Jeb talks about how they've always felt neither male or female, and that their experience of being abused around their appearance was more to do with their being slightly overweight, and the unrealistic body standards held within the family, than being non-binary. In fact, their caregivers didn't have an opinion of their identity.



By listening to trans and non-binary patients, you can establish what really matters to them. Sometimes this is their gender identity but sometimes other experiences are more important to explore.

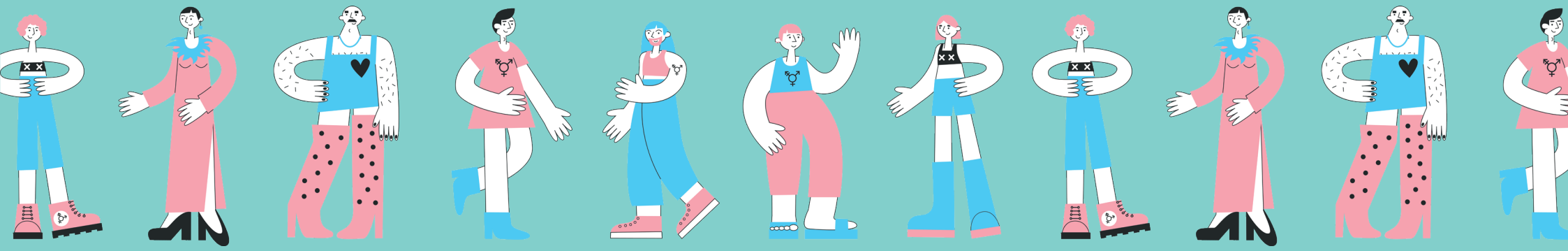


"What are some examples of best practice for data monitoring in relation to trans and non-binary service users?"

There is some data you may need to collect to meet monitoring requirements, particularly when you're monitoring for equalities. For the best patient experience, however, data forms benefit from being as inclusive as possible. For example, when collecting information on a person's sex and gender reassignment, providing a free-fill box creates space for them to self-describe, using the language which is most relevant to them. This space is provided alongside options including "female", "male", "non-binary", and "other". You may also ask if someone's gender is the same as the sex which they were assigned at birth, to create a fuller picture of your patients and service users.

How you monitor people's gender identity will depend on the data systems you're using; not all systems will have inclusive markers and it can be challenging to get these updated. The best way to implement changes in data monitoring systems is to raise a request with the organisation who manages them. Be concise with what you want included and raise more requests if you find that you're not getting a response.

For further information, check out the LGBT Foundation, who have produced a report on LGBT Data Monitoring.



Links and resources

British Medical Association - Managing Patients with Gender Dysphoria

https://www.bma.org.uk/advice-and-support/gp-practices/gp-service-provision/managing-patients-with-gender-dysphoria

University of Cambridge Autism Research Center

https://www.cam.ac.uk/research/news/transgender-and-gender-diverse-individuals-are-more-likely-to-be-autistic-and-report-higher-autistic

National Autistic Society: Autism and Gender Identity

https://www.autism.org.uk/advice-and-guidance/what-is-autism/autism-and-gender-identity

Distinction Support

https://distinctionsupport.org/

Beaumont Partners

https://www.beaumontsociety.org.uk/partners/

Depend

https://www.depend.org.uk/frameset.html

Gendered Intelligence Families Group

https://genderedintelligence.co.uk/families/group.html

The Good Law Project & Trans waiting times on the NHS

https://goodlawproject.org/update/good-law-project-will-appeal-high-court-decision-on-trans-waiting-times/

Detransition rates in a national UK Gender Identity Clinic

https://epath.eu/wp-content/uploads/2019/04/Boof-of-abstracts-EPATH2019.pdf#page=139

NHS Hip Replacement Satisfaction data

https://digital.nhs.uk/data-and-information/publications/statistical/patient-reported-outcome-measures-proms/finalised-hip--knee-replacements-april-2018---march-2019/success-satisfaction

LGBT Foundation Data Monitoring Report

https://lgbt.foundation/monitoring

Stonewall LGBT in Britain: Trans Report

https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf

TRANS WORKSHOPS

The Diversity Trust would like to thank the Somerset Equalities Officer Group for their support in this project, and NHS Somerset Mental Health Services for their help in organising the lived experience event.

Thank you also to our Lived Experience Contributors, whose openess and honesty made the session a pleasure and priviledge to work on.

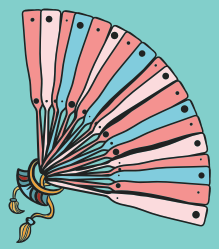
Sign up to our newsletter

https://www.diversitytrust.org.uk/subscribe

Get in Touch

A: 124 City Road, London, EC1V 2NX
E: info@diversitytrust.org.uk
M: 07720 294 991

The Diversity Trust is a Community Interest Company (CIC).
Registered in England & Wales.
Company Number: 08141031
VAT Number: 378 3131 85



THE DIVERSITY TRUST
INFLUENCING SOCIAL CHANGE

NHS Somerset NHS Foundation Trust

Open Mental Health

Somerset Council

Somerset Equalities Officer Group